

Two Day Treatment Programs That Can Help in the Work of Recovery

Summarized by Thomas T. Thomas

Most friends and family members are familiar with the concept of “the schizophrenic in the back bedroom.” Partial hospitalization and day treatment programs have proven beneficial in getting people with mental illness out of the house, starting to socialize, and involving themselves in the process of recovery.

At our September 27 meeting, two groups of speakers talked about their respective programs. **Kyletta Sanchez-Turner**, the Community Liaison Director for Psychiatric Outpatient Services, and **Michelle Starosky, MS**, a marriage-and-family and art therapist, represented the Alameda County Medical Center at the Highland Campus. **David Beckerman, PhD**, Clinical Intake Coordinator, and **Linda Handy, MS**, Community Liaison Coordinator, talked about the La Cheim Psychological Services programs in Oakland and Berkeley.



KYLETTA SANCHEZ-TURNER

Highland Campus’s Partial Hospitalization Program (PHP) offers intensive outpatient care in a group environment. The program runs five days a week, including

holidays, from 10 a.m. to 2:50 p.m. and provides transportation and lunch. A less-intensive program, the Outpatient Clinic (OC), runs from 10 to 1:40 and is open to clients on the basis of two to four days a week, depending on their needs.



MICHELLE STAROSKY, MS

“The outpatient clinic is more for people who need a tune-up,” said Kyletta Sanchez-Turner, who does screening for both Highland programs. Her screening takes place either in the hospital or at home. To access either program, a client must have been diagnosed by a psychiatrist, have a history of mental illness, and be under Medicare or an HMO.

Partial hospitalization is intended for people coming out of a hospital, not for people in a stable environment. However, if someone were in a stable environment and started to “decompensate”—that is, not taking medications, becoming more and more isolated, changing eating habits, or other signs of deteriorating behavior—then they would go to the Outpatient Clinic.

“At the start of each day,” said Michelle Starosky, “clients under the partial hospitalization and the outpatient programs meet together as a whole, which encourages socialization. Then they go to their separate groups. The outpatients have two to four groups of less than ten people each, based on level of functioning.” The groups, which are directed by one of Highland’s four full-time therapists, discuss issues concerning illness management, medication, talking with medical personnel and families, and their own personal needs.

The partial hospitalization group is smaller. They deal with functional skills, problem solving, communications, and anger management. “They talk about whatever they want to talk about and get feedback from each other,” Starosky said.

Clients must be committed to coming to the group sessions and showing up on time, the speakers said. But most clients enjoyed the support and camaraderie, and sharing experiences with other people who are going through the same things.



DAVID BECKERMAN, PHD

The Highland programs also have one-on-one therapy with case managers and social workers, with the purpose of establishing goals and treatment plans.



LINDA HANDY, MS

Highland also offers a full-time psychiatric nurse and a psychiatrist who can prescribe medications if the client is not currently under a doctor’s supervision. Both the PHP and OC programs also offer group sessions serving dual diagnosis (i.e., mental illness combined with substance abuse).

Treatment is not forever. A client can expect to stay in partial hospitalization for six to twelve weeks. Someone in the outpatient clinic can expect to be in the program up to six months, although longer-term treatment has been authorized. At the end of the program, the staff can offer referrals for work, school, and housing.

La Cheim offers similar programs, because Medicare sets the guidelines that establish the program format and curricula. At La Cheim, the program starts with treatment five days a week and then moves the client to four days, three days, and so on.

“At Le Cheim,” David Beckerman said, “we provide ongoing support and opportunities for socialization, ongoing structure to help clients meet the world, ongoing psychotherapy both in individual and group sessions, and case management that helps the client access community resources. We try to foster an opportunity for positive experience, so that people can feel hope, motivation, and optimism.”

The physical sites for La Cheim services are in Oakland on Claremont Avenue across from the Department of Motor Vehicles, and in Berkeley on Bolivar Drive at Aquatic Park. Each site has capacity for ten to twelve clients on a given day and, like the Alameda County Medical Center, offers transportation and lunch.

“Because we are not associated with a hospital,” said Linda Handy, “we can’t offer the intensive outpatient services, so we refer people to the county’s Outpatient Clinic. Our mandate is to fill in the gaps in the level of care in order to prevent hospitalization and to promote self-esteem.”

Both sets of programs are paid for by Medicare but not Medi-Cal or Supplemental Security Income (SSI). Because Medicare requires at least two and a half years of work history, clients who are disabled in adolescence can be enrolled under their parents’ Medicare coverage and then carry it forward when they reach maturity. However, Medicare decreased the amount of coverage for this kind of treatment in July of this year. That has meant that the average stay is now six weeks to six months, where it used to be for a year.

“This is unfortunate,” Beckerman said, “because the more people can do, the better they feel, and the better they feel, the more they can do.” The Alameda County and La Cheim programs are based on this “virtuous cycle.”